



**Waste Management Division**

## Inspection Report For a Commercial Collection, Storage, and Transfer Facility

A. GENERAL INFORMATION	
FACILITY NAME:	PERMITTEE NAME:
PERMIT #:	
PERMIT TYPE: <input type="checkbox"/> Standard <input type="checkbox"/> Temporary <input type="checkbox"/> Permit-by-Notification <input type="checkbox"/> Other	
FACILITY LOCATION:	
DATE OF INSPECTION:	
NATURE OF INSPECTION: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Requested <input type="checkbox"/> Complaint	
INSPECTOR:	
FACILITY CONTACT:	
HAS AN ADMINISTRATIVE ORDER BEEN ISSUED TO THE FACILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADMINISTRATIVE ORDER(S) #:	
VIOLATIONS NOTED:	

B. WASTE TYPES MANAGED	
(1)	<p>Waste types managed at the facility [Yes = <input checked="" type="checkbox"/>; No = <input ]<="" p="" type="checkbox"/> <p> <input type="checkbox"/> MSW      <input type="checkbox"/> C&amp;D      <input type="checkbox"/> scrap metal      <input type="checkbox"/> batteries      <input type="checkbox"/> white goods      <input type="checkbox"/> electronics      <input type="checkbox"/> tires      <input type="checkbox"/> fluorescent bulbs  <input type="checkbox"/> newspaper      <input type="checkbox"/> cardboard      <input type="checkbox"/> mixed paper      <input type="checkbox"/> magazines      <input type="checkbox"/> ash      <input type="checkbox"/> glass      <input type="checkbox"/> propane tanks  <input type="checkbox"/> Certified Waste Derived Products:      <input type="checkbox"/> Other: </p> </p>
(2)	<p>Does the facility also manage any of the following wastes? [Yes = <input checked="" type="checkbox"/>; No = <input ]<="" p="" type="checkbox"/> <p> <input type="checkbox"/> asbestos      <input type="checkbox"/> contaminated soil      <input type="checkbox"/> infectious wastes      <input type="checkbox"/> motor oil      <input type="checkbox"/> antifreeze      <input type="checkbox"/> other: </p> </p>

### C. WASTE HANDLING & STORAGE AREAS

(1)	<p>Are the wastes in each area being properly managed? [Yes = <input checked="" type="checkbox"/>; No = <input ]<="" p="" type="checkbox"/> <p> <input type="checkbox"/> MSW      <input type="checkbox"/> C&amp;D      <input type="checkbox"/> scrap metal   <input type="checkbox"/> batteries   <input type="checkbox"/> white goods   <input type="checkbox"/> electronics   <input type="checkbox"/> tires   <input type="checkbox"/> fluorescent bulbs  <input type="checkbox"/> paper products   <input type="checkbox"/> ash      <input type="checkbox"/> glass      <input type="checkbox"/> propane tanks      <input type="checkbox"/> Certified Waste Derived Products  <input type="checkbox"/> Other:         </p> </p>
(2)	<p>Are stockpiles located, sized and configured: [Yes = <input checked="" type="checkbox"/>; No = <input ]<="" p="" type="checkbox"/> <p> <input type="checkbox"/> to be stable    <input type="checkbox"/> to provide access for fire control   <input type="checkbox"/> to prohibit precipitation from collecting in the stockpile area  <input type="checkbox"/> to prevent physical injury/destruction of property         </p> </p>
(3)	<p>Are these areas being managed in a manner that is safe and protective of the environment and public health and safety? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(4)	<p>Are putrescible wastes properly managed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(5)	<p>Are all wastes actively managed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(6)	<p>Are recyclables being managed to preserve their market value? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(7)	<p>Are legible signs used to delineate each area? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(8)	<p>Is access to non-public areas adequately restricted by the use of signs and/or barriers <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(9)	<p>Does the facility contain any wastes for which it does not have arrangements for removal to an authorized facility? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(10)	<p>Other:</p>
(11)	<p>Other:</p>

### D. GENERAL OPERATIONS

(1)	<p>Do the roads and access ways allow for safe movement of residential and bulk transport vehicles, and people into and throughout the facility? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(2)	<p>Are roads and access ways suitable for residential and bulk transport vehicles? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(3)	<p>Is unauthorized access adequately restricted? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(4)	<p>Are legible signs posted at the facility's entrance? [Information provided = <input checked="" type="checkbox"/>; No = <input ]<="" p="" type="checkbox"/> <p> <input type="checkbox"/> Name   <input type="checkbox"/> Permit #   <input type="checkbox"/> Phone #   <input type="checkbox"/> Permittee Address   <input type="checkbox"/> Facility Hours   <input type="checkbox"/> Waste types   <input type="checkbox"/> Unlawful Dumping Statement         </p> </p>
(5)	<p>Do signs adequately assist operators in managing the wastes? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>
(6)	<p>Is the facility managed in a manner that minimizes litter, dust, odors, vectors, spills, fire, noise and other hazards? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>

(7)	Are there any impacts to abutting properties as a result of facility activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(8)	Are there controls in place to manage storm run off?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(9)	Is there separate access for a public drop-off area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(10)	Are there fire extinguishers and spill kits available for use in appropriate areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(11)	Other:	
(12)	Other:	

### E. OPERATOR REQUIREMENTS/POSTINGS

(1)	Are operator certifications posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	During operations, are at least half of the operators certified with Department issued certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Does the facility's most senior operator(s) have a Level III or IV certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Is there at least one supervisor for every 5 operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(5)	Other:	
(6)	Other:	

### F. REPORTING/RECORDKEEPING

(1)	Is the facility's permit posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Is there a copy of the facility's Operating Plan on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Is there a copy of the facility's Closure Plan on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Have there been any reportable incidents at the facility in the past year? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> slip/trip/fall <input type="checkbox"/> spill <input type="checkbox"/> fire <input type="checkbox"/> other	
(5)	Have there been any complaints made by abutters or others involving facility operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Does the permittee maintain records at the facility? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> operations <input type="checkbox"/> incidents <input type="checkbox"/> complaints <input type="checkbox"/> other	
(7)	Does the facility have a scale? If not, how is volume or weight determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8)	Has the permittee filed its annual facility report for the prior calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

(11)	Does the permittee maintain records on the quantity, type, source and destination for the following: [Yes = <input checked="" type="checkbox"/> ; No = <input ]<br="" type="checkbox"/> <input type="checkbox"/> MSW <input type="checkbox"/> bypass waste <input type="checkbox"/> residual waste
(12)	Other:
(13)	Other:

G. NOTES/COMMENTS	